County: La Crosse BETHANY-RIVERSIDE

2575	SOUTH	7 T H	STREET

LA CROSSE 54601 Phone: (608) 775-8200		Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	123	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	123	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	115	Average Daily Census:	114

Services Provided to Non-Residents			_	of Residents		Length of Stay (12/31/03)	엉
Home Health Care Supp. Home Care-Personal Care	No No	l	%	Age Groups	8	Less Than 1 Year	20.9
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	7.8	More Than 4 Years	14.8
Day Services	No	Mental Illness (Org./Psy)	48.7	65 - 74	7.8		
Respite Care	No	Mental Illness (Other)	0.9	75 - 84	36.5		79.1
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.5	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	4.3			(12/31/03)	
Other Meals	Yes	Cardiovascular	6.1	65 & Over	92.2		
Transportation	Yes	Cerebrovascular	12.2			RNs	14.3
Referral Service	No	Diabetes	2.6	Gender	용	LPNs	13.4
Other Services	Yes	Respiratory	0.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	22.6	Male	26.1	Aides, & Orderlies	40.7
Mentally Ill	No			Female	73.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			Medicaid Sitle 19			Other			Private Pay	:		Family Care			Managed Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	4.1	143	0	0.0	0	0	0.0	0	1	5.0	143	0	0.0	0	3	2.6
Skilled Care	12	100.0	340	43	87.8	123	0	0.0	0	32	100.0	184	19	95.0	123	2	100.0	370	108	93.9
Intermediate				4	8.2	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	12	100.0		49	100.0		0	0.0		32	100.0		20	100.0		2	100.0		115	100.0

BETHANY-RIVERSIDE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I			:	% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.2	Bathing	0.9		75.7	23.5	115
Other Nursing Homes	2.3	Dressing	11.3		73.9	14.8	115
Acute Care Hospitals	82.6	Transferring	20.0		57.4	22.6	115
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.6		60.0	30.4	115
Rehabilitation Hospitals	0.0	Eating	44.3		37.4	18.3	115
Other Locations	5.6	******	******	*****	******	******	******
otal Number of Admissions	213	Continence		용	Special Treatmen	ts	%
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	13.9	Receiving Resp	iratory Care	12.2
Private Home/No Home Health	21.9	Occ/Freq. Incontiner	nt of Bladder	55.7	Receiving Trac	heostomy Care	1.7
Private Home/With Home Health	23.7	Occ/Freq. Incontiner	nt of Bowel	27.0	Receiving Suct	ioning	1.7
Other Nursing Homes	3.7	-			Receiving Osto	my Care	3.5
Acute Care Hospitals	4.7	Mobility			Receiving Tube	Feeding	1.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	30.4
Rehabilitation Hospitals	0.0				-	_	
Other Locations	15.8	Skin Care			Other Resident C	haracteristics	
Deaths	30.2	With Pressure Sores		13.0	Have Advance D	irectives	88.7
otal Number of Discharges	i	With Rashes		7.8	Medications		
(Including Deaths)	215 i				Receiving Psyc	hoactive Drugs	68.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Ownership:			Size:		ensure:					
	This	Non	profit	100	-199	Ski	lled	Ali	1			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	%	90	Ratio	용	Ratio	%	Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	92.7	92.0	1.01	87.6	1.06	88.1	1.05	87.4	1.06			
Current Residents from In-County	94.8	85.9	1.10	83.0	1.14	82.1	1.15	76.7	1.24			
Admissions from In-County, Still Residing	22.1	22.1	1.00	19.7	1.12	20.1	1.10	19.6	1.12			
Admissions/Average Daily Census	186.8	138.9	1.35	167.5	1.12	155.7	1.20	141.3	1.32			
Discharges/Average Daily Census	188.6	139.5	1.35	166.1	1.14	155.1	1.22	142.5	1.32			
Discharges To Private Residence/Average Daily Census	86.0	64.3	1.34	72.1	1.19	68.7	1.25	61.6	1.40			
Residents Receiving Skilled Care	96.5	96.1	1.00	94.9	1.02	94.0	1.03	88.1	1.10			
Residents Aged 65 and Older	92.2	96.4	0.96	91.4	1.01	92.0	1.00	87.8	1.05			
Title 19 (Medicaid) Funded Residents	42.6	55.4	0.77	62.7	0.68	61.7	0.69	65.9	0.65			
Private Pay Funded Residents	27.8	32.6	0.85	21.5	1.30	23.7	1.18	21.0	1.33			
Developmentally Disabled Residents	1.7	0.6	3.02	0.8	2.27	1.1	1.57	6.5	0.27			
Mentally Ill Residents	49.6	36.2	1.37	36.1	1.37	35.8	1.38	33.6	1.48			
General Medical Service Residents	22.6	24.3	0.93	22.8	0.99	23.1	0.98	20.6	1.10			
Impaired ADL (Mean)	52.7	50.5	1.04	50.0	1.05	49.5	1.06	49.4	1.07			
Psychological Problems	68.7	58.5	1.17	56.8	1.21	58.2	1.18	57.4	1.20			
Nursing Care Required (Mean)	9.0	6.8	1.32	7.1	1.28	6.9	1.31	7.3	1.23			